

INSERT RIAC REGION NAME

RIAC

(Regional Interagency Council)

Policies and Procedures

This document includes the essential practices of RIAC supported by KRS 200.501 – 200.509; KRS 605.035; the Department for Behavioral Health, Developmental, and Intellectual Disabilities; Kentucky’s Community Mental Health Centers; and the System of Care Core Values and Guiding Principles. RIACs can add to the policies and procedures at their discretion to meet the individual needs of their respective RIAC; however, the essential practices provided in this document should not be altered.

SYSTEM OF CARE (SOC)

A system of care is a spectrum of effective community based services and supports for children and transition-age youth with or at risk of behavioral health needs or other challenges, and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.¹

System of care is not a model or a program that can be replicated, but instead an organizational framework that supports sustainable system change. Kentucky is one of few states with an organized infrastructure focused on the development, implementation, and oversight of the system of care.

RIAC MISSION

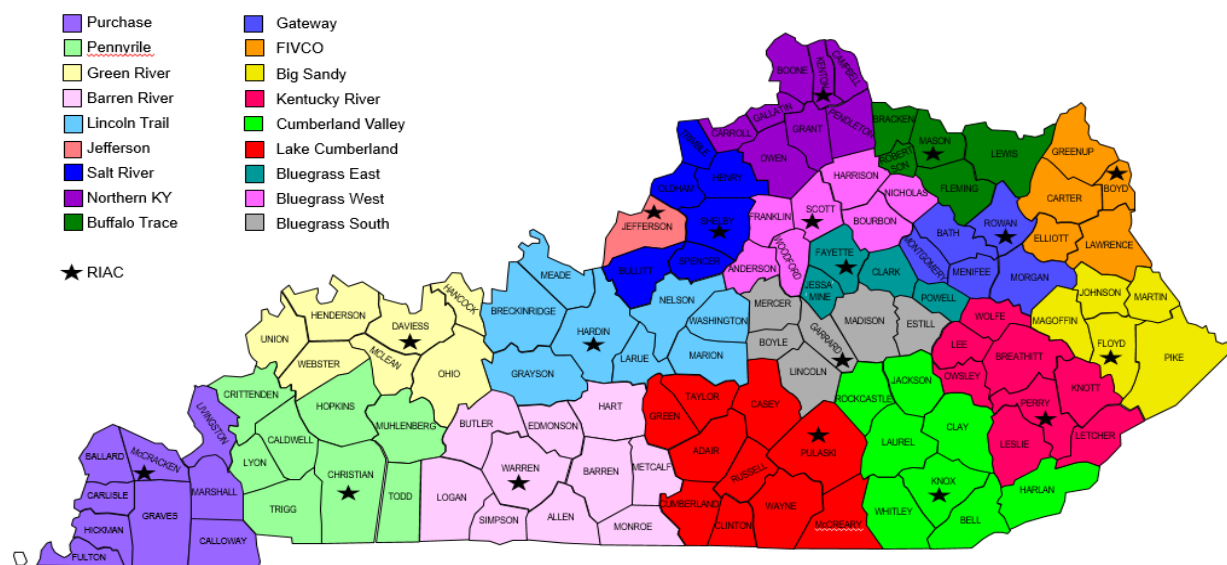
Promoting healthy children and transition-age youth across Kentucky: Building a collaborative system of care to promote children’s and transition-age youth’s social, emotional, and behavioral well-being where they live, learn, work, and play.

RIAC PURPOSE

RIACs operate as the regional locus of accountability for the system of care, providing a structure for coordination, planning, and collaboration of services and supports to children and transition-age youth with or at risk of developing behavioral health needs and other challenges, and their families. This structure builds on existing resources of local public and private agencies and community partners within the community to support sustainable policy, practice and system reform in order to improve the larger system of care for Kentucky’s children, transition-age youth, and their families.

¹ Stroul, B. & Friedman, R.M. (1986). A system of care for children and youth with severe emotional disturbances (rev ed.). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children’s Mental Health.

There are 18 RIACs across the Commonwealth.



3-2019

SYSTEM OF CARE CORE VALUES AND GUIDING PRINCIPLES²

The system of care philosophy is built upon core values and guiding principles. The core values and guiding principles should guide the development, implementation, expansion, and evaluation of the regional system of care.

The core values of the system of care philosophy specify that the system of care should be:

- **Youth-and Family-Driven:** Valuing and ensuring that youth and families are full partners in all aspects of service delivery and have a primary decision-making role in their care, beginning in the planning phase when policies and procedures are developed. Youth and families are involved in implementation activities, such as choosing culturally and linguistically appropriate supports, services, and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions. Youth and Family Driven System of Care engages and supports that youth and families with lived experience are trained and hired as peer support professionals to decrease gaps, help in retention of services and let other youth and families know that they are not alone. Youth and Family Driven means family members and youth are engaged, supported, and respected as equal partners, their “voice” and lived experiences add valuable perspectives in planning, implementation, and monitoring which result in shared accountability for outcomes.
- **Community-Based:** Ensuring high quality services are accessible to families in the least-restrictive, clinically-appropriate setting possible and are available at home or close by. A community-based system of care requires systems to see the home, school, and

² Adapted from Stroul, B., Blau, G., & Friedman, R., 2010

neighborhood of the family from an asset perspective, and to identify the natural supports in these familiar surroundings as part of a strengths-based approach.

- **Culturally– and Linguistically-Responsive:** Ensuring services are developmentally, culturally and linguistically responsive with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve. This includes having staff that are from the local area and are similar to service recipients in regard to gender, race, ethnicity, language, and other cultural attributes.
- **Trauma-Informed:** Seeking to actively resist re-traumatization by recognizing the potential presence of trauma symptoms and acknowledging the role that trauma may play in an individual’s life. Being trauma-informed means fully integrating knowledge about trauma into policies, procedures, and practices.

At the heart of the effort is a shared set of guiding principles. The implementation of these guiding principles reflects the common goals of the agencies, parents, youth, and the community to ensure the well-being of children, transition-age youth and families. System of care guiding principles include:

- A comprehensive array of effective, community-based services and supports
- A service planning process that is strengths-based and individualized
- Evidence-informed and promising practices
- Services and supports delivered in the least restrictive, most normative environments possible
- Partnerships with families, youth, and other caregivers
- Effective care management supports
- Developmentally appropriate services
- A continuum of behavioral health promotion, prevention, early identification, intervention, and recovery services and supports
- A system that supports provider accountability and quality improvement tracking
- Protection of the rights of children and families
- Services and supports that are provided without discrimination

RIAC MEMBERSHIP

Per KRS 200.509, each RIAC is chaired by one (1) member, chosen by a majority vote of the members. Mandated members legislated to participate on the RIAC include:

- The children’s services director from the regional community mental health center or their designee;
- A Court Designated Specialist or Court Designated Worker chosen by the executive officer of the Department of Family and Juvenile Services of the Administrative Office of the Courts;

- A special education cooperative representative with behavior health experience chosen by the directors of the **educational** cooperatives in the area served by the regional council;
- A parent* (biological parent, adoptive parent, or relative caregiver with permanent legal custody) who is raising, or has raised a child with mental health or co-occurring mental health and substance use challenges who has been or is a client of at least one service to address these challenges, prior to the age of 21;
- A parent alternate who meets the same criteria as the parent representative;
- A transition-age youth** between the ages of 16 and 25 who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder **before the age of 21**;
- A youth alternate who meets the same criteria as the youth representative;
- One representative from each of the following:
 - Department for Community Based Services
 - Department of Juvenile Justice
 - Family Resources and Youth Services Centers
 - Local Health Department
 - the Kentucky Office of Vocational Rehabilitation

Each mandated member agency shall appoint one consistent designee to represent him or her in the event he/she cannot attend the RIAC meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have full rights and responsibilities of the official member. The attending designee shall update their respective agencies and entities of RIAC business.

Representatives from any other local public or private agency that provide services and supports to children and transition-age youth are not required, but may **attend as guests and/or be added as a member of the RIAC** at the discretion of the RIAC (examples: **Family Organizations, Court Appointed Special Advocates, Law Enforcement, Peer Support Specialists, Parent Teacher Association, faith-based organizations, Big Brother/Big Sister organizations, United Way, Early Childhood Mental Health Specialists, Managed Care Organizations, Community Collaboration for Children, Regional Prevention Centers, psychiatric hospitals, community centers, etc.**).

Adding members to RIAC

The RIAC may choose to **add non-mandated members to the RIAC that represent** other agencies/entities that provides services and supports to children and transition-age youth with a behavioral health need **by majority** vote of the members. **All members (mandated and non-mandated) shall be included in the RIAC's quorum when conducting business. Please note: Agencies/entities may attend RIAC meetings to learn about the local system of care, share information about their services and supports while not becoming a voting member.**

Each member agency added to the RIAC shall appoint one consistent designee to represent him or her in the event he/she cannot attend the RIAC meeting. The appointment of the designee shall be in writing (electronic communication is acceptable). A designee will have full rights and responsibilities of the official member. The attending designee shall update their respective agencies and entities of RIAC business.

***Parent Representative**

The parent representative shall be the **biological parent, adoptive parent, or relative caregiver with permanent legal custody who is raising, or has raised a** child with a behavioral health need, who is or has been a consumer of system of care services and supports **prior to the age of 21 to address the behavioral health need**. The parent representative shall not be an employee of the community mental health center or other RIAC mandated **or non-mandated member** agency. The parent alternate shall meet the same criteria and may attend all RIAC meetings, but shall vote only in the absence of the parent representative. Parents that meet the criteria to serve in the role of parent representative shall complete the Parent/Youth Membership Application. The RIAC shall vote on the parent representative and the alternate. Applications from the parent and the parent alternate with majority vote shall be submitted to the **SIAC and RIAC Administrators. The SIAC Administrator will submit the application(s) to the SIAC. The SIAC Chair, will** make the official appointment(s). Appointees shall serve a two-year term and may be re-appointed to **one** additional, consecutive two-year term.

****Youth Representative**

The youth representative shall be between the ages of 16 and 25, with a behavioral health disorder, and currently receiving or have received a service to address mental health, substance use, or co-occurring mental health and substance use disorder **prior to age 21**. The youth representative shall not be employed by a community mental health center or other RIAC mandated **or non-mandated member** agency. The youth alternate shall meet the same criteria and may attend all RIAC meetings, but shall vote only in the absence of the youth representative. Youth that meet the criteria to serve in the role of youth representative shall complete a Parent/Youth Membership Application. The RIAC shall vote on the youth representative and the youth alternate. Applications for the youth representative and alternate youth representative with majority vote shall be submitted to the **SIAC and RIAC Administrators. The SIAC Administrator will submit the application(s) to the SIAC. The SIAC Chair will** make the official appointment(s). Appointees shall serve a two-year term and may be re-appointed to an additional, consecutive two-year term.

Compensation

RIACs are required to set aside a specified amount **each** year for the purpose of supporting RIAC/LIAC parent and youth representatives and their alternates **to ensure parent and youth participation in all levels of regional system of care planning, implementation, and evaluation**. RIACs/LIACs are required to provide, at minimum, a \$50 stipend **to each parent and youth representative and their alternates** for each **RIAC/LIAC meeting** attend. **For regions with LIACs,**

this amount will be higher to include supporting family and youth representatives and their alternates on each LIAC.

RIACs may designate stipend amounts greater than the required minimum. The process for this policy should be included in the RIAC's/LIAC's policies and procedures manual and be accessible to any party upon request.

The RIAC should **also** budget funds **in addition to the required stipend** to support RIAC parent and youth representatives and their alternates for mileage reimbursement to meetings, regional family and youth leadership development opportunities (i.e. training for emerging family and youth leaders in the community including registration fees, time and travel expenses), childcare expenses, family members' participation on FAIR (Family Accountability Intervention and Response) Teams, and/or the attendance of parent and/or youth representatives or their alternates to relevant activities/meetings at the request of the RIAC/LIAC (i.e. community meetings, trainings, etc.).

Per KRS 200.509, no member of a RIAC shall be given compensation in addition to compensation they already receive as service providers or state employees, except that the parent and youth representatives and alternate parent and youth representatives of RIAC shall be reimbursed by the RIAC's contracted fiscal agent for all expenses incurred through the performance of their duties as council members if it is outside the scope of their job duties.

Member Responsibilities

In order to ensure effectiveness of the work of the RIAC, each member is responsible for:

- Attending monthly meetings (for consistency purposes, this should be the same member each month);
- **Designating an alternate for his/her position in the event the RIAC member cannot attend, and ensuring the alternate has been updated on current RIAC business;**
- Actively **participating** in developing solutions to identified system-level barriers for children and transition-age youth;
- **Providing local agency data to assess/support identified gaps and needs;**
- Maintaining expertise in respective agency service availability;
- Maintaining expertise in navigating the rules/regulations of the respective agency;
- Facilitating access to services as appropriate;
- Voting on the following items:
 - Action Plans including areas of focus and action items.
 - Approval of RIAC minutes and meeting adjournment;
 - **The** RIAC Chair;
 - **The** term of the RIAC Chair;
 - **The** RIAC Policies and Procedures;
 - **The** Parent and youth representatives **and their alternates;**

- Supporting RIAC members in training/professional development opportunities by covering the cost of registration, mileage, lodging, and/or childcare expenses; and
- Adding non-mandated voting members and non-voting members to the RIAC.

RIAC COORDINATION AND FACILITATION

Staff to the RIAC

Each RIAC shall be staffed by the Local Resource Coordinator (LRC) of the community mental health center within that region who shall provide support to the RIAC Chair and coordinate the work of the RIAC. The LRC is not the Chair nor a voting member of the RIAC. The LRC shall have the following responsibilities:

- Work collaboratively with RIAC members, community partners, and the community mental health center and other provider agencies to identify service gaps, and work strategically with partners to find solutions to said gaps;
- Maintain the Action Plan and ensure all members have a current copy;
- Communicate RIAC Action Plan efforts, progress, barriers, and opportunities for growth to necessary parties, including the RIAC Administrator;
- Work with the SIAC and RIAC Administrator to facilitate bi-directional communication between the RIAC and SIAC;
- Provide administrative support to the RIAC including direct support for members;
- Disseminate information from DBHDID, RIAC member agencies and/or community partners to the RIAC;
- Work with the RIAC Chair to develop the meeting agenda;
- Determine if there is quorum at each RIAC meeting for the purpose of conducting RIAC business;
- Send meeting minutes, reminders, and materials to all RIAC members in advance of all meetings;
- Send a copy of the meeting minutes to the RIAC Administrator within thirty business days of the meeting;
- Maintain RIAC meeting records (per KRS 171-640);
- Track mandated member attendance and non-mandated member attendance;
- Contact members that have missed two or more consecutive meetings to encourage attendance;
- Request representation from vacant member agencies;
- Oversee adherence to relevant Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR) and RIAC Policies and Procedures;
- Serve as a link for caregivers, community members, and the RIAC;
- Assist in locating, developing or increasing awareness of local resources, services and prevention tools;
- Establish collaboration with community agencies and resources;

- Ensure all RIAC members receive **RIAC** orientation and training;
- **Monitor RIAC budget and expenditures (as documented on the 131 IMPACT Region-wide RIAC Form) and share with members;**
- **Attend:**
 - Quarterly RIAC Leader Peer Group Meetings;
 - SIAC meetings, quarterly at minimum; and
 - Monthly FAIR Team meetings, or designate an alternate to attend from the RIAC, per KRS 605.035
- Provide information and data entry as required or requested by DBHDID.

Additional bullets may be added and/or may vary from region to region

RIAC Chair

The RIAC Chair is chosen by majority vote of the members and shall have the following responsibilities:

- **Facilitate the** RIAC meeting;
- Vote as a tie-breaker;
- **Provide local agency data to assess/support identified gaps and needs;**
- Support staff to the RIAC;
- Ensure meeting focus and timeliness;
- Follow Robert's Rules of Order;
- Promote active involvement by members;
- **Attend:**
 - Quarterly RIAC Leader Peer Group Meetings;
 - SIAC meetings, quarterly at minimum; and
- Review & sign the completed Form 131 - IMPACT Region-wide RIAC Funds. This signed form is due with Plan and Budget and semi-annually thereafter (due by January 31 and July 31st). For more information, please see Form 131A – IMPACT Region-wide RIAC Funds Instructions.

RIAC MEETINGS

The RIAC shall meet monthly on **INSERT DATE, TIME, LOCATION, ADDRESS AND PHONE NUMBER**. This schedule may be altered with consent of RIAC members.

Quorum

A quorum of the council shall exist if 55% or more of the total members (**mandated and non-mandated**) are present; therefore, representation of at least **INSERT NUMBER** RIAC members or their designees shall be required to conduct RIAC business. If a council membership is vacant, that membership will not be counted in the quorum.

Action Plan

Implementation activities regarding the area(s) of focus, progress, and/or challenges/barriers of these functions shall be routinely documented on the RIAC Action Plan and shared with the members. The Action Plan should drive the meeting and be used as a tool to guide regional system of care development and implementation. It should include goals, actionable items, persons responsible, target completion dates, as decided by the RIAC, and a feedback loop for documenting progress, barriers, and operational adjustments, as needed. The Action Plan is always evolving and therefore should be regularly updated and submitted, at minimum, to the RIAC Administrator on a quarterly basis (due by Dec 31, April 30, June 30, & Sept. 30).

RIAC Meeting Minutes

Meeting minutes shall be provided by the LRC or other member as determined by the RIAC. Meeting minutes should include Action Plan updates, activities, decisions, progress, etc., relevant to the area(s) of focus and shall be signed and dated by the preparer. Meeting minutes shall be provided to all RIAC members following each meeting. The original copy of the approved minutes shall be maintained in a file by the LRC per KRS 171.640 and shall be available for public inspection. A copy of approved RIAC minutes shall be sent to the RIAC Administrator within thirty business days of the meeting.

Meetings are subject to the Kentucky Open Records Law (KRS 61.870-884) and the Kentucky Open Meetings Law (KRS 61.800 – 61.850). Council meetings are open to the public, with the exception of closed/executive sessions, which deal with grievances or personnel issues. Executive sessions are restricted to **members (mandated and non-mandated)**, and **the LRC** at the discretion of the RIAC Chair. (KRS 61: 810)

DUTIES OF THE RIAC

Per KRS 200.509, RIACs shall perform the following functions:

- Conduct regional system of care planning and operations:
 - Assessment and planning to build community capacity to provide effective, community-based services and supports that are delivered consistent with system of care core values and guiding principles.
 - Ongoing regional and/or local needs assessments across agencies to identify service gaps and/or community needs.
- Coordinate system-level continuous quality improvement:
 - Regularly review local, regional and state-level data and utilize performance data, including indicators of child, youth and family functional outcomes, satisfaction, finances, and process performance to evaluate and strengthen the system of care.
 - Promote data-driven decision making across agencies and in the community.
- Identify and develop system of care expansion opportunities:

- Develop ways to bridge service gaps, such as with flexible funding, grant applications, volunteer efforts, and creative use of community resources-to increase access to and availability of high-quality services and supports.
- Promote system of care awareness:
 - Promote system of care core values and guiding principles across the community and provide education across all sectors regarding ways in which supporting the system of care can benefit the entire community. This should assist in garnering community support (financial, human resources, referrals, media to reduce stigma, etc.).
- Initiate and adopt interagency agreements as necessary for providing services and supports to children and transition-age youth with behavioral health needs by the agencies represented on the RIAC.
- Advise the SIAC regarding the system of care within the region.
- Ensure one or more RIAC members participate in family accountability, intervention, and response (FAIR) teams established pursuant to KRS 605.035 and collaborate with FAIR teams as appropriate to improve or promote the system of care.

RIAC ACCOUNTABILITY

The State Interagency Council (SIAC) for Services and Supports to Children and Transition-Age Youth, is established by legislation and charged with directing the RIACs. Per KRS 200.505, the SIAC shall:

- Make recommendations annually to the Governor and the Legislative Research Commission, regarding the system of care for children and transition-age youth with behavioral health needs;
- Direct each RIAC to
 - ◆ Operate as the regional locus of accountability for the system of care;
 - ◆ Participate on FAIR teams;
- Assess the effectiveness of RIACs;
- Meet monthly and maintain records of meetings;
- Adopt interagency agreements as necessary to advance the system of care; and
- Develop a comprehensive array of services and supports to meet the needs of children and transition-age youth with or at risk for behavioral health needs

The SIAC shall, with assistance from the SIAC Administrator, ensure periodic review of the RIAC policies and procedures. The SIAC and RIAC Administrators will make periodic site visits to RIAC meetings to:

- Provide coaching and support to RIACs in the development of the RIAC's Action Plan;
- Provide technical assistance and support around policies and procedures that support implementation of the Action Plan; and

- Ensure RIACs are implementing and periodically updating their regional Action Plans.

The RIAC Administrator will use information gathered from RIAC visits, RIAC meeting minutes, and updated Action Plans to provide a summary report to the SIAC each month. The summary report shall include the RIAC's area of focus, overview of current activities, **strengths, successes, challenges, needs, and barriers.**

LOCAL INTERAGENCY COUNCILS

Per KRS 200.509, local interagency councils (LIACs) for the system of care may be formed at the discretion of a regional interagency council to advance the functions of the regional interagency council at the city, county, or other local community level.

RIAC CONTACT INFORMATION

LRC Contact information

Insert region specific information

RIAC Members Contact List

Insert region specific information